ST. MICHAEL'S EVANGELICAL LUTHERAN HOME

270 NORTH STREET

FOUNTAIN CITY 54629 Phone: (608) 687-7721	<u>.</u>	Ownership:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/05):	50	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/05):	50	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/05:	36	Average Daily Census:	35

Age, Gender, and Primary Diagnosis	Length of Stay (12/31/05)	%			
Primary Diagnosis	% 	Age Groups 	8		33.3 27.8
Developmental Disabilities	2.8	Under 65	5.6	More Than 4 Years	38.9
Mental Illness (Org./Psy)	5.6	65 - 74	11.1		
Mental Illness (Other)	0.0	75 - 84	25.0		100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	50.0		
Para-, Quadra-, Hemiplegic	16.7	95 & Over	8.3	Full-Time Equivalent	
Cancer	5.6			Nursing Staff per 100 Resid	ents
Fractures	2.8		100.0	(12/31/05)	
Cardiovascular	19.4	65 & Over	94.4		
Cerebrovascular	0.0			RNs	2.8
Diabetes	0.0	Gender	8	LPNs	17.4
Respiratory	11.1			Nursing Assistants,	
Other Medical Conditions	36.1	Male	22.2	Aides, & Orderlies	30.5
		Female	77.8		
	100.0	İ			
		İ	100.0		

Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	!		amily Care			anaged Care	l		
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	1	5.0	140	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.8
Skilled Care	3	100.0	325	16	80.0	120	0	0.0	0	13	100.0	135	0	0.0	0	0	0.0	0	32	88.9
Intermediate				3	15.0	99	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	8.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		20	100.0		0	0.0		13	100.0		0	0.0		0	0.0		36	100.0

ST. MICHAEL'S EVANGELICAL LUTHERAN HOME

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/05
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	15.3	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.7	Bathing	0.0		58.3	41.7	36
Other Nursing Homes	0.0	Dressing	25.0		41.7	33.3	36
Acute Care Hospitals	78.0	Transferring	33.3		41.7	25.0	36
Psych. HospMR/DD Facilities	1.7	Toilet Use	30.6		41.7	27.8	36
Rehabilitation Hospitals	0.0	Eating	83.3		11.1	5.6	36
Other Locations	1.7	******	******	*****	******	******	******
Total Number of Admissions	59	Continence		용	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	2.8	Receiving Resp	iratory Care	11.1
Private Home/No Home Health	16.7	Occ/Freq. Incontiner	nt of Bladder	41.7	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	9.3	Occ/Freq. Incontiner	nt of Bowel	27.8	Receiving Suct	ioning	2.8
Other Nursing Homes	3.7	_			Receiving Osto	my Care	0.0
Acute Care Hospitals	42.6	Mobility			Receiving Tube	Feeding	5.6
Psych. HospMR/DD Facilities	1.9	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	16.7
Rehabilitation Hospitals	0.0				3	-	
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	25.9	With Pressure Sores		2.8	Have Advance D	irectives	86.1
otal Number of Discharges		With Rashes		8.3	Medications		
(Including Deaths)	54				Receiving Psyc	hoactive Drugs	58.3

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

***************	******	*****	*****	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Non	profit	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	70.0	88.2	0.79	86.9	0.81	86.0	0.81	88.1	0.79
Current Residents from In-County	83.3	78.9	1.06	73.2	1.14	74.9	1.11	77.6	1.07
Admissions from In-County, Still Residing	18.6	21.3	0.88	20.6	0.91	19.6	0.95	18.1	1.03
Admissions/Average Daily Census	168.6	131.9	1.28	123.3	1.37	139.3	1.21	162.3	1.04
Discharges/Average Daily Census	154.3	132.7	1.16	123.8	1.25	139.6	1.11	165.1	0.93
Discharges To Private Residence/Average Daily Census	40.0	51.9	0.77	53.9	0.74	64.3	0.62	74.8	0.53
Residents Receiving Skilled Care	91.7	96.4	0.95	96.4	0.95	96.4	0.95	92.1	1.00
Residents Aged 65 and Older	94.4	95.6	0.99	93.0	1.02	92.9	1.02	88.4	1.07
Title 19 (Medicaid) Funded Residents	55.6	68.6	0.81	69.6	0.80	69.8	0.80	65.3	0.85
Private Pay Funded Residents	36.1	22.7	1.59	20.3	1.78	19.0	1.91	20.2	1.79
Developmentally Disabled Residents	2.8	0.5	5.46	0.7	4.16	0.7	3.89	5.0	0.56
Mentally Ill Residents	5.6	37.6	0.15	37.2	0.15	34.7	0.16	32.9	0.17
General Medical Service Residents	36.1	18.0	2.01	19.6	1.85	21.9	1.65	22.8	1.59
Impaired ADL (Mean)	47.2	46.8	1.01	46.7	1.01	47.4	1.00	49.2	0.96
Psychological Problems	58.3	58.4	1.00	57.3	1.02	59.0	0.99	58.5	1.00
Nursing Care Required (Mean)	5.9	6.9	0.85	6.7	0.88	7.2	0.82	7.4	0.80